



State of California  
**Respiratory Care Board**

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**Inquiry:** The State of California has mandated a Newborn Hearing Screening Program, which you may or may not be aware of. Our hospital was certified a year ago for this program and our Respiratory Care Practitioners have been doing the tests since the beginning. Our audiologist consultant has wanted us to be able to inspect the ear canal with the use of an otoscope. If we see any foreign material in the ear canal, we are not to remove it but to notify either the primary care physician or our audiologist. We were informed by some nurses that the use of an otoscope was not within the scope of our practice and we could not do it. So my question is this. Is it within our scope of practice, as RCP's, to do an otoscopic view of the ear canal if we receive proper training and are competent in the performance of this skill? If I can place a laryngoscope in someone's mouth and insert a tube into their trachea or insert an arterial line into someone's artery, it would seem reasonable, to me, to be able to look into an ear canal with an otoscope, especially in light of the fact that I can insert a probe into the ear canal from the hearing detection machine which is as long as, if not longer than, the ear tip on the otoscope.

**Response:** The performance of the newborn hearing-screening test is classified as 1C. (Not verbatim from the Respiratory Care Practice Act but, in the Respiratory Care Board's judgment, inferred and allowed)

The use of an otoscope to inspect the ear canal is classified as 1C. (Not verbatim from the Respiratory Care Practice Act but, in the Respiratory Care Board's judgment, inferred and allowed)

The intent of the practice act recognizes the existence of overlapping functions between physicians and surgeons, registered nurses, physical therapists, respiratory care practitioners, and other licensed health care personnel to permit additional sharing of functions within organized health care systems (3701, Article 1, General Provisions). As such, the onus is on the organized health care system to determine and institute appropriate policies, practice guidelines, training and competencies that would provide this function in a manner that would be safe when administered to the public.

Reference # 2002-C-18